

NORTH FORK RANCHERIA TRIBAL TANF

STATEMENT OF FACTS

I,, make the fol	llowing statement:
I hereby grant permission to <i>North Fork Rancheria Tribal TANF</i> to inprovided by me to determine eligibility.	nvestigate and verify that the above information
Under penalty of perjury, I certify that the above information is trubelief. I understand that knowingly providing false information to criminal offense or fraud, disqualifying me for <i>North Fork Ranche</i> that I may be required to reimburse <i>North Fork Rancheria Tribal TA</i>	obtain Tribal TANF services may constitute a ria Tribal TANF, or resulting in an overpayment
Applicant /Client Signature	Date

Date

NFRTT Representative Signature